

Geo. J. Ashton

Town

County

MARYLAND

Died at

Port

Harford

Month

Day

Y.

M.

D.

Native of

Date 1903

5. 24

Age

1

—

Tow.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo. J. Ashton

Mother's

Maiden Name

Georgia A. Warfield

How long sick

Cause of

Primary

Meningitis

6

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. W. E. Arthur

Address

Street 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bingman G Atkinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

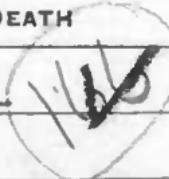
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	5	10	46	-	-	
Sex	Male	Color or Race	White	Birth-place	Cecil	
Occupation	Labor		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Extric Atkinson			
Father's Name	Robert S. Atkinson		Father's Birthplace	Cecil		
Mother's Maiden Name	Annie Ramsey		Mother's Birthplace	"		
Name of person giving information	Mrs G Atkinson		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Injury to spine



How long

Immediate

Soreness

How long

Are the name, age, sex, color, date and place correctly given above?

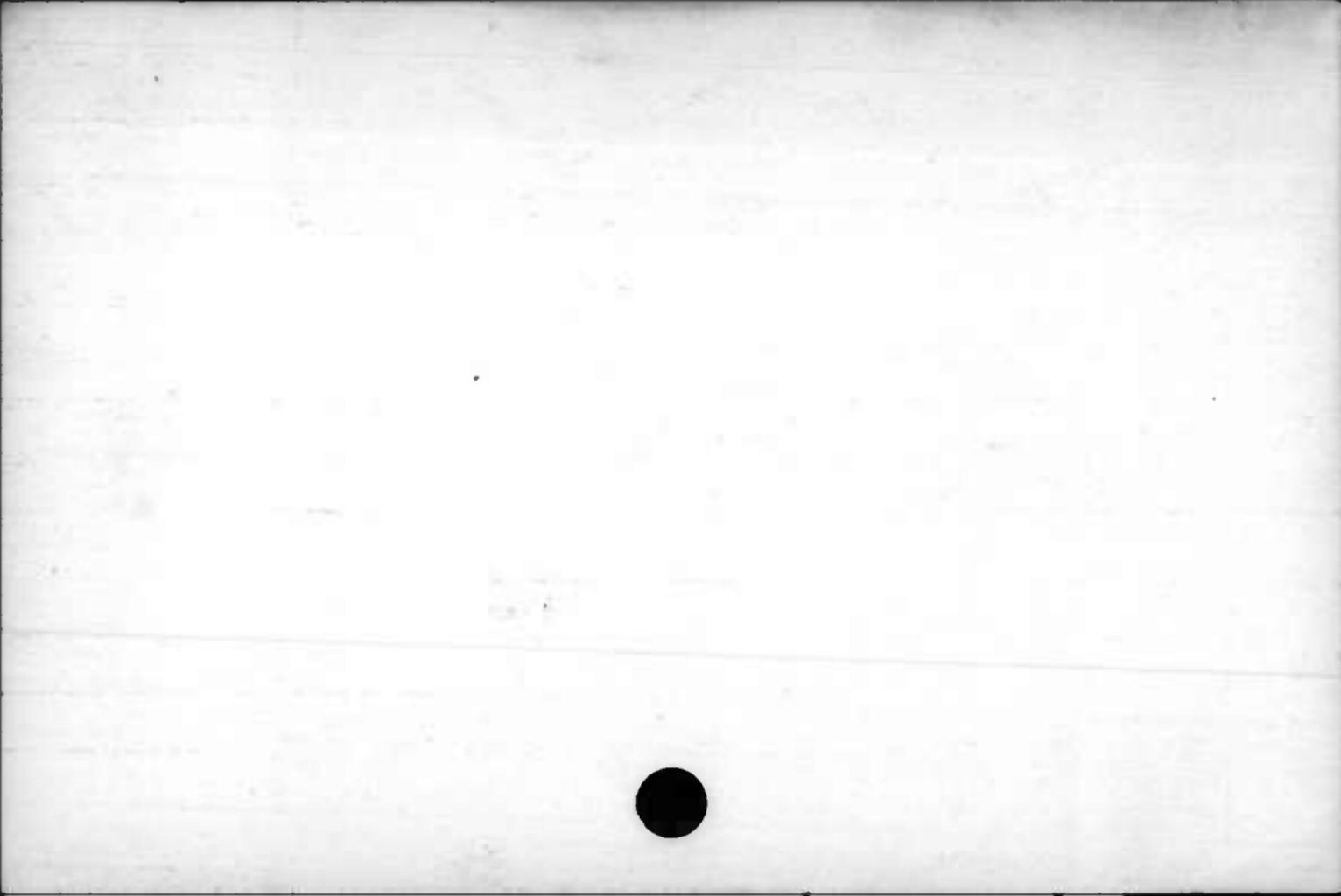
jr

Signature of Physician

Address

10 days  
R W Smith

Accident or Suicide?



Name  
in  
Full

Aubrey C Bond

CERTIFICATE OF DEATH

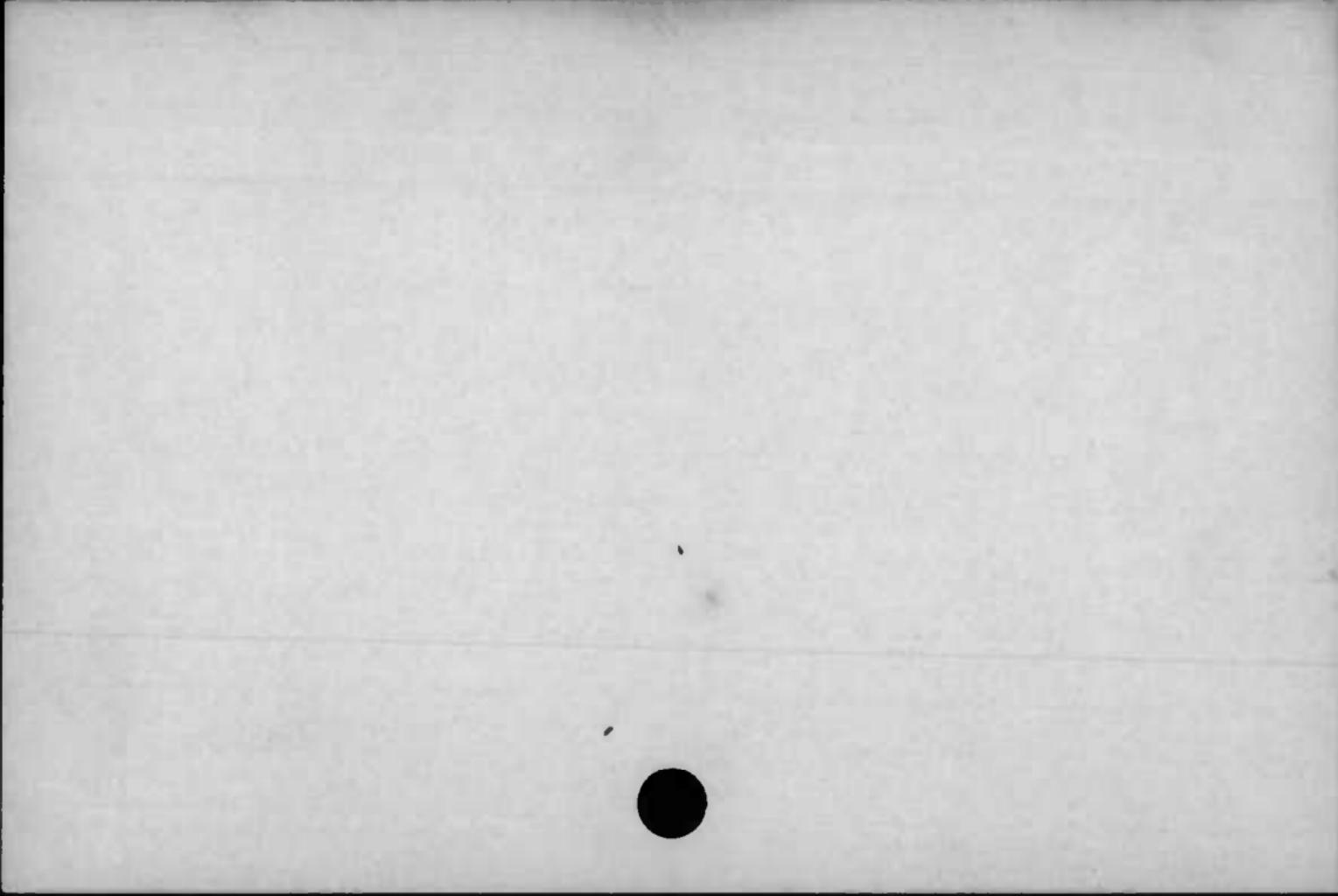
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Maryland		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband	—			
Father's Name	John C Bond				
Mother's Maiden Name	Laura M Smith				
Name of person giving information	John C Bond				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Orthosis	How long	one year
Immediate	Pneumonia	How long	two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Clark M.D.
yes		Address	Darlington, Md.
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Jacob Briney

Town

County

Died at

Glenville & Harford

MARYLAND

Date  
of death

1905

Month

May

Day

17

Years

78

Months

-

Days

-

Sex

Male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Ruth Ann Baldwin

Father's  
Name

Don't know

Father's  
Birthplace

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Name of person giving  
Information

Carrie Gorrell

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Valvular heart disease

How long

Several years

Immediate

Wernic Coma

How long

2 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. L. Hopkins

Address

St. Anne de Grasse  
Md

Accident or Suicide?



Name  
in  
Full

Sarah Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Street	Harford	Months	Days
Date of death 1905	Month	Day	Age	Years
Sex	Color or Race	white.	Birth- place	and
Married, <u>Single</u> or Widowed	Occupation	House wife		
Name of Wife or Husband	John W. Carter			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

old age

1/2

How long

2nd year

Immediate

heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. E. Arthur M.D.

Accident or Suicide?

May 10-05

Assension Church

Name  
in  
Full

Mrs. Laura Chamberlain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County			
Died at	Scarbor	Harford				
Date of death	1905	Month	Day	Year	Months	Days
Date of death	May	17	Age	52		
Sex	Female	Color or Race	white -		Birth-place	Harford Co
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name or Wife or Husband		Laura Chamberlain		Father's Birthplace	—
Father's Name	Wesley Forward				Mother's Birthplace	—
Mother's Maiden Name	M. Doutta Brown				How related to deceased	
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's disease

How long

6 months

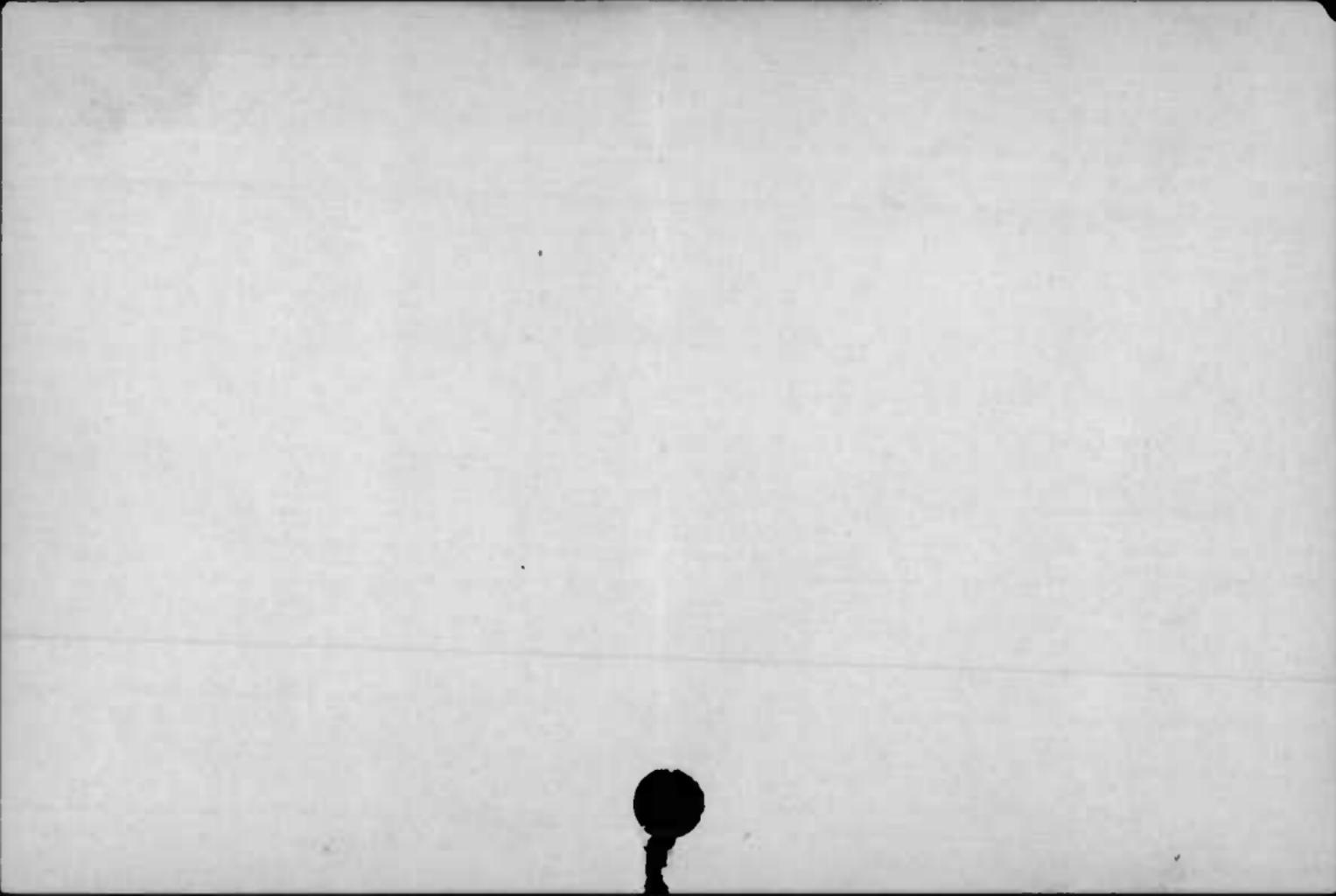
Immediate

Signature of Physician

W. E. Arthur M.D.

Address

Accident or Suicide?



Name  
in  
Full

Mary Corneel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Cardiff		Harford	Months	Days
Date of death	Month	Day	Years	
1908	8	7	Age	18
Sex	Color or Race	Birth-place		
Female	white	Maryland		
Occupation	Where Residing if not at place of death			
Single or W.	Name of Wife or Husband	Infant		
Father's Name	James Corneel			
Mother's Maiden Name	Villie T. Fagle			
Name of person giving information	James Corneel			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

4 weeks

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

West End  
Bell Rd  
Pa

Accident or Suicide?

J. L. Morris  
Buried at Stötzing  
Tuesday 2 PM

Name  
in  
Full

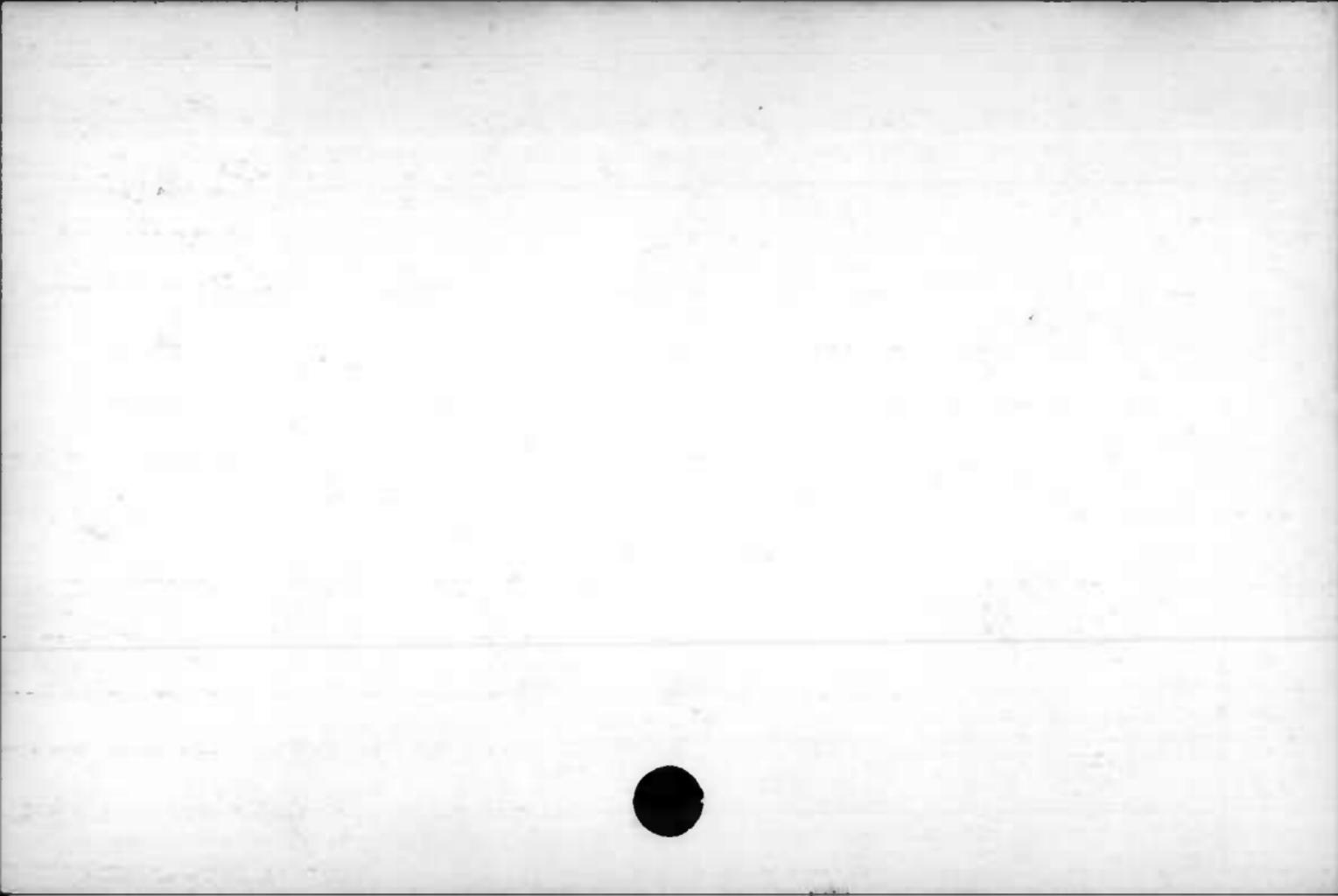
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Laurel, Md.	
Occupation	Painter			Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Patrick O'Doherty			Father's Birthplace	Ireland	
Mother's Maiden Name				Mother's Birthplace	"	
Name of person giving information	Martin O'Doherty			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	79	How long
	Immediate	79	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. T. Doherty M.D.
		Address	Laurel, Md.
Accident or Suicide?		No	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mary Gipson

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth- place	
Occupation	Where Residing if not at place of death		Perryman		
Married, Single or Widowed	Name of Wife or Husband	Edward Gipson		Perryman	
Father's Name			Father's Birthplace		—
Mother's Maiden Name			Mother's Birthplace		—
Name of person giving Information	John Wilson		How related to deceased		Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cold

How long

2 weeks

Immediate

Neuralgia of the heart

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

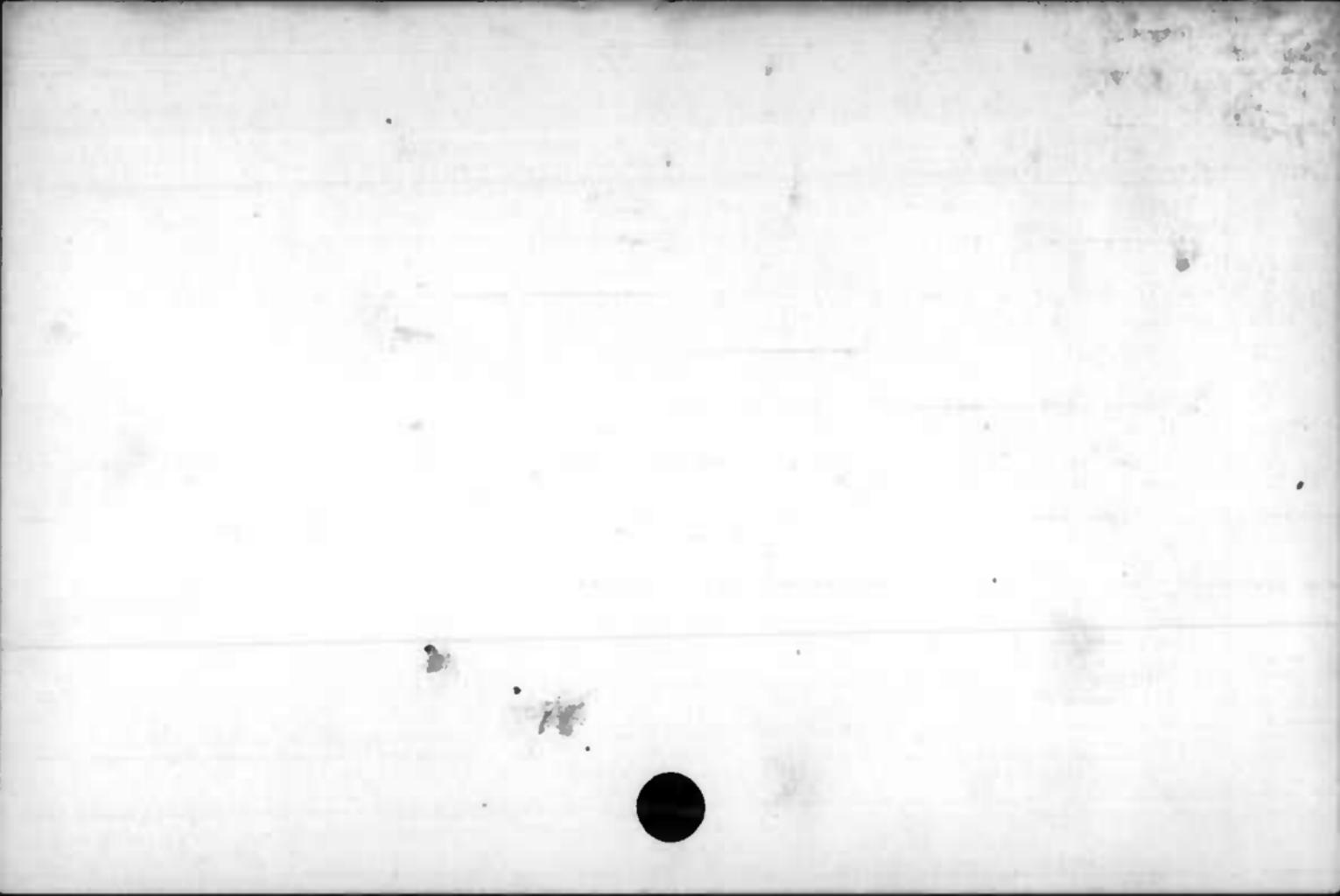
yes

Signature of  
Physician

Address

A N Johnson MD  
Perryman Harford  
Co MD

Accident or Suicide?



Name  
in  
Full

S. John Hamilton

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Place	County	
Date of death 1905	Month May	Day 13	Years 32
Sex Male	Color or Race White	Occupation Laborer	Birth-place Ind.
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	W. Hamilton	Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	W. Williams	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Consumption

27

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. C. McCarty  
Cardiff, Md.

Accident or Suicide?

May 16 - 05'

Tabernacle.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Edwin Hamway

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month 5	Day 25	Age 63	Years	Months Days
Sex	Male	Color or Race	White	Birth-place	Hayford	
Occupation	Farmer		Where Residing if not at place of death	Rule		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Samuel Hamway		Father's Birthplace	Hayford Co		
Mother's Maiden Name	Elizabeth Stockett		Mother's Birthplace	Ballington		
Name of person giving information	B. Hamway		How related to deceased	Brother		

CAUSES OF DEATH

Primary

Heart Disease

How long

5 years

Immediate

Hopsey

How long

4 yrs.

Are the name, age, sex, color, date and place correctly given above?

*Y*

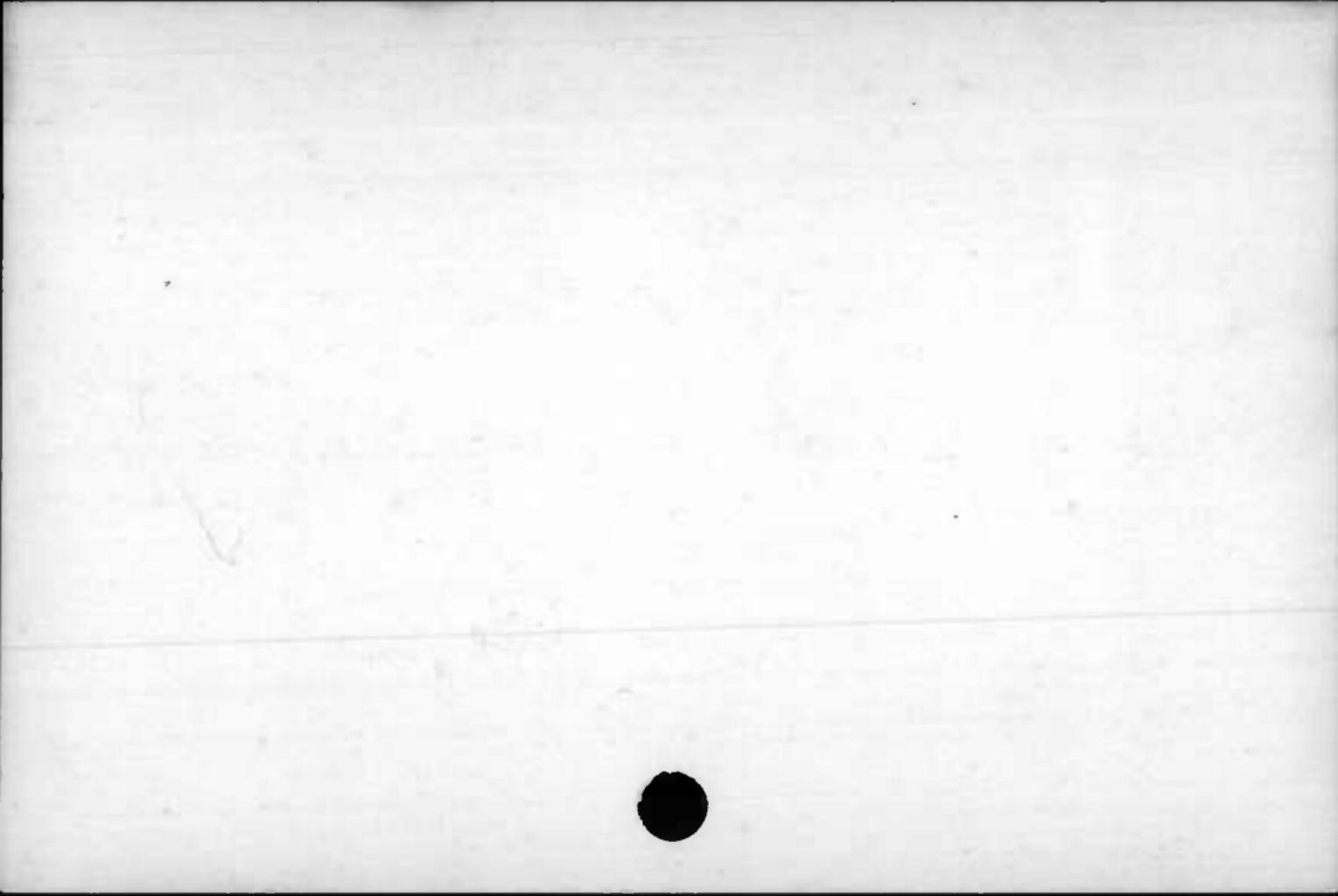
Signature of Physician

Address

L. C. Rutledge

Rutledge, Md

Accident or Suicide?



Name  
in  
Full

Frank Harts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lapidum</u> Town		<u>Horford</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>24</u>	Years <u>60</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>don't know</u>			
Occupation <u>laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>don't know</u>	Name of Wife or Husband				
Father's Name <u>Don't know</u>	Father's Birthplace				
Mother's Maiden Name <u>..</u>	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate accidental drowning.

How long

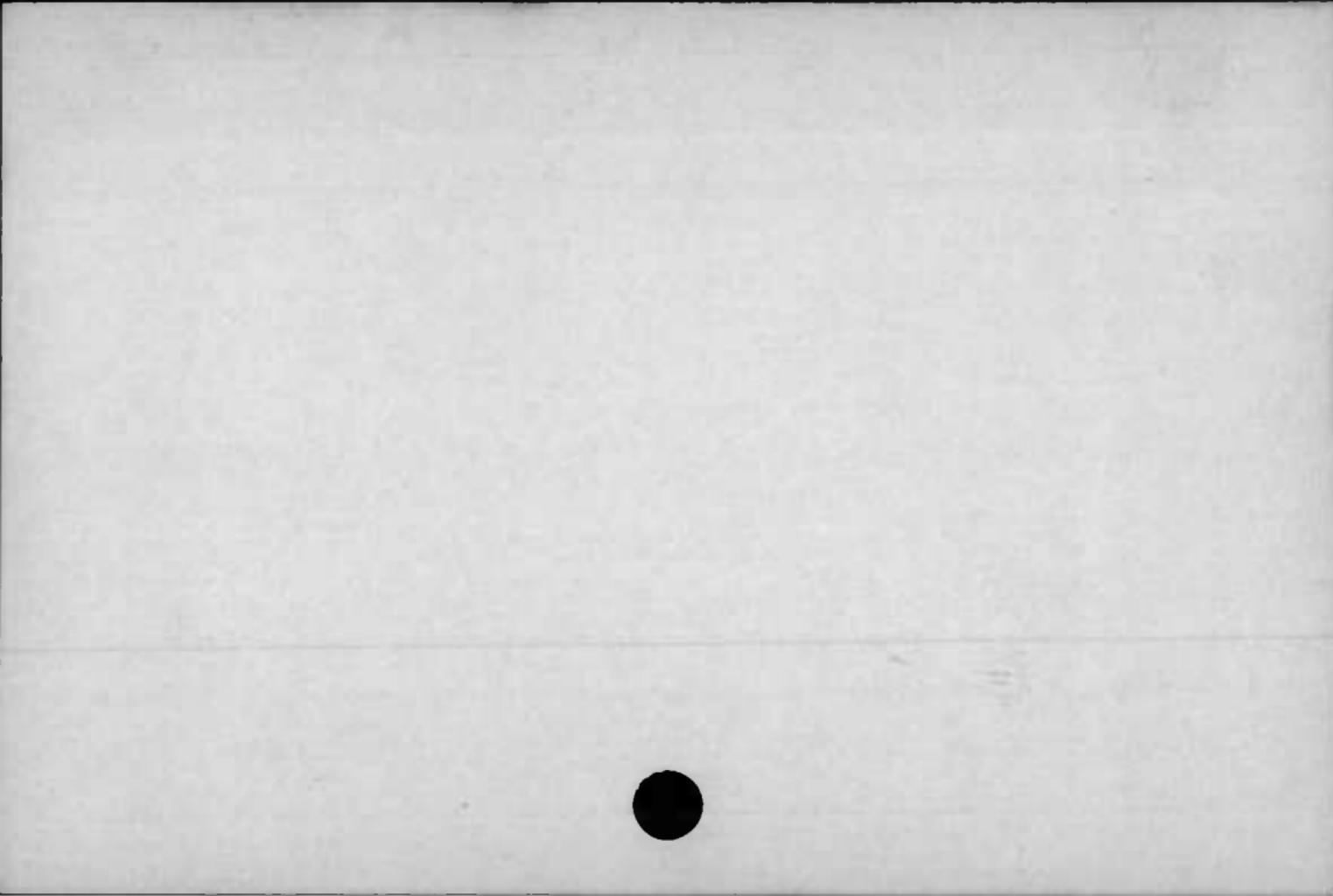
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Bailey & Baldwin  
Undertakers

Accident or Suicide?



Name  
in  
Full

Mary Caraline Straus

CERTIFICATE OF DEATH

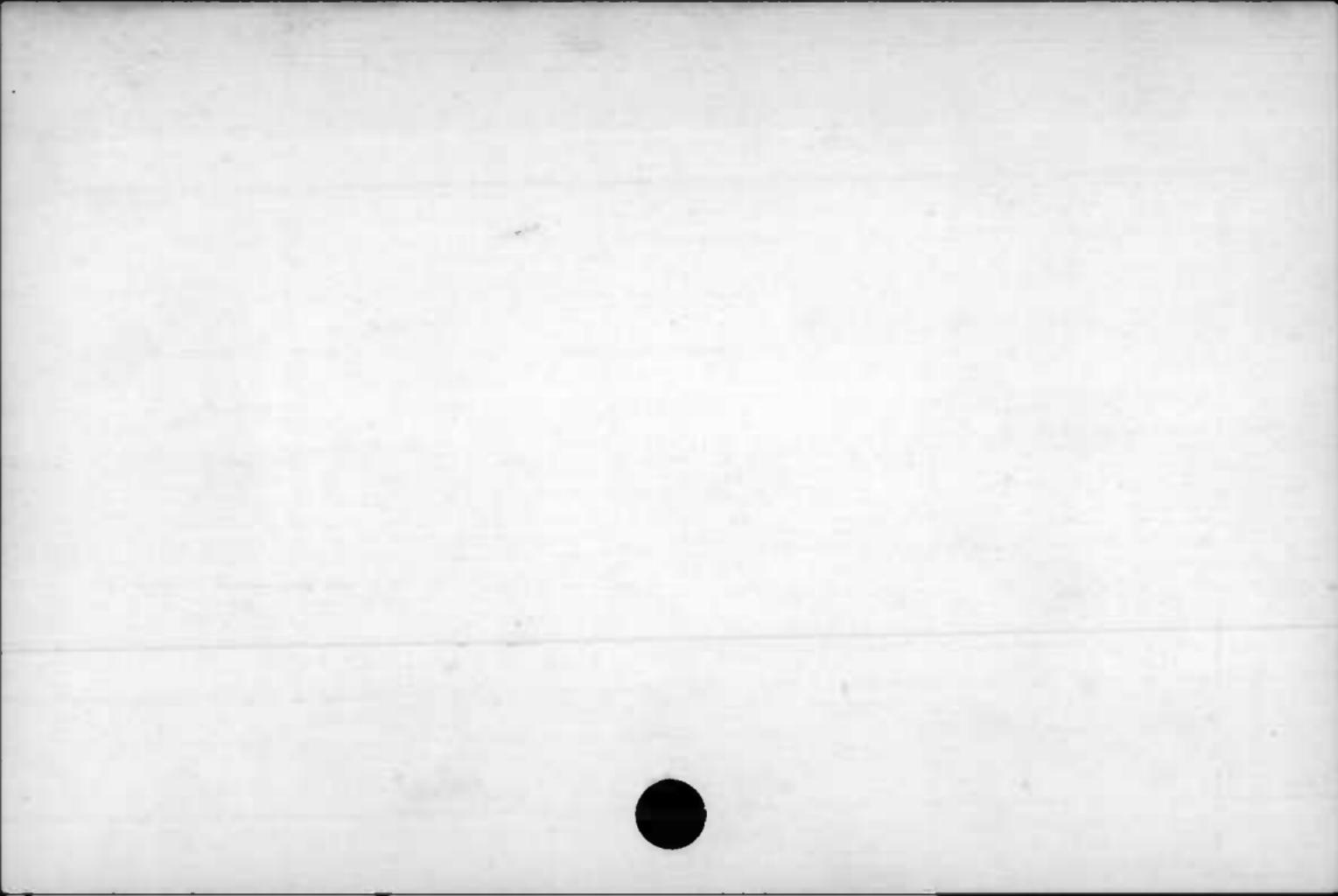
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days		
Sex Female	Color or Race		Age 74	Birth-place			MD
Married, Single or Widowed Single			Occupation Housewife				
Name of Wife or Husband							
Father's Name	Lloyd Strooper			Father's Birthplace			MD
Mother's Maiden Name	Lara Stoker			Mother's Birthplace			MD
Name of person giving information	Mr John Nobl			How related to deceased			None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Haut disease	How long	61 months
Immediate	Haut failure	How long	one year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F.H. Arthur MD.
		Address	Stru- MD
Accident or Suicide?			



Name  
in  
Full

Phoebe Anne Hillon

CERTIFICATE OF DEATH

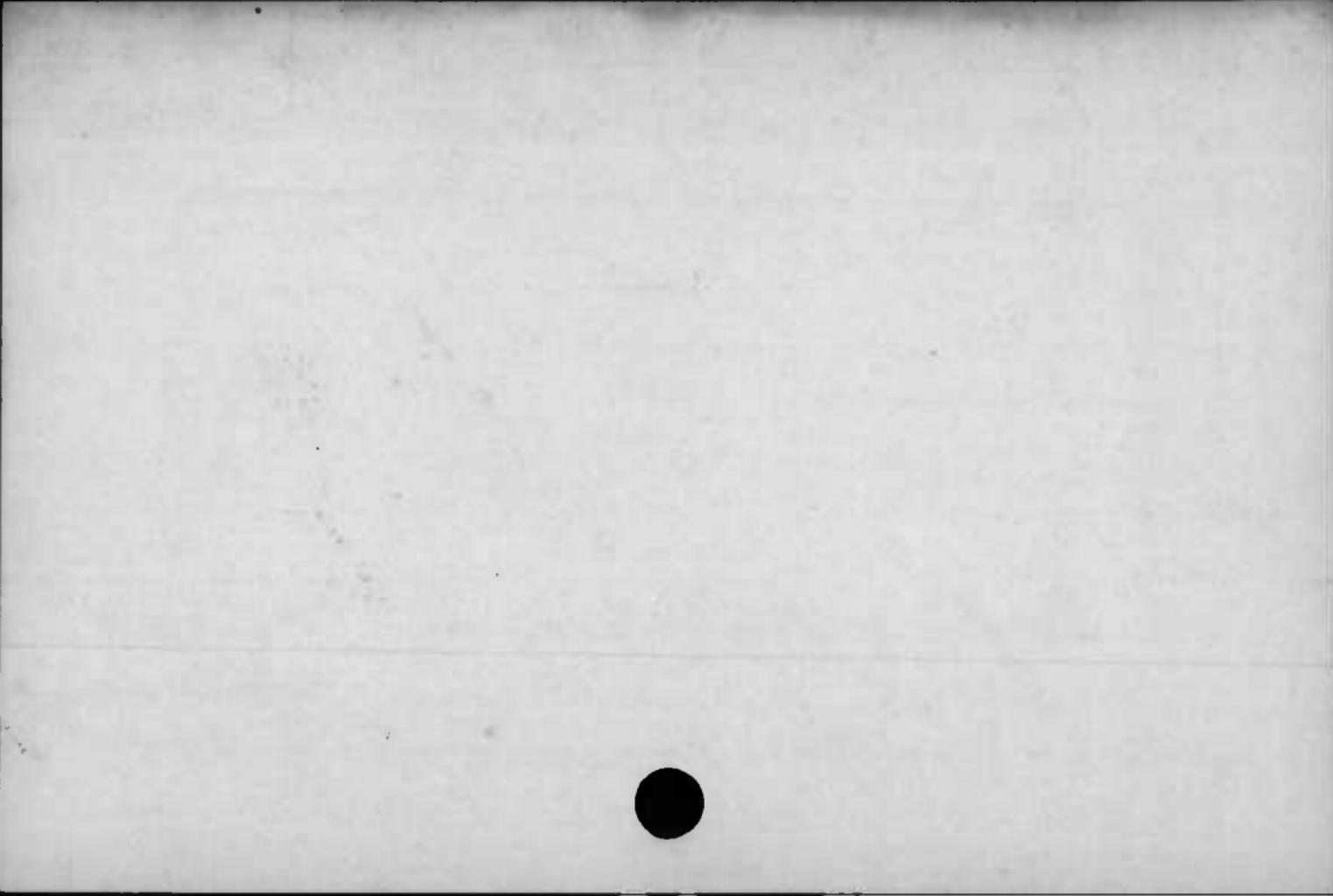
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	May	6	44		20
Sex	Female	Color or Race	Colored	Birth-place	Rock Run
Occupation	Seamstress	Where Residing if not at place of death	near Leavel		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Baron Hillon	Father's Birthplace	Rock Run		
Mother's Maiden Name	Rachel cb Hillon	Mother's Birthplace	Rock Run		
Name of person giving information	Father. Baron Hillon	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	✓	How long	2 yrs-
Immediate	Exhaustion	✓	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas Shute	
		Address	Aberdeen, Md.	
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month May	Day 4	Years 99	Months	Days	
Sex	Male	Color or Race	Black		Birth-place	Ind.	
Occupation	Labor		Where Residing if not at place of death			Bel Air	
Married, Single Widow	Name of Wife or Husband		Rebecca Jackson			Ind.	
Father's Name	Jefferson Jackson		Father's Birthplace			Ind.	
Mother's Maiden Name	Harriet Brice		Mother's Birthplace			Ind.	
Name of person giving information	Frank Jackson		How related to deceased			Son	

CAUSES OF DEATH

89

PHYSICIAN  
OR CORONER

Primary

Foiler & heart-disease

How long

5 Years

Immediate

Heart-failure

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

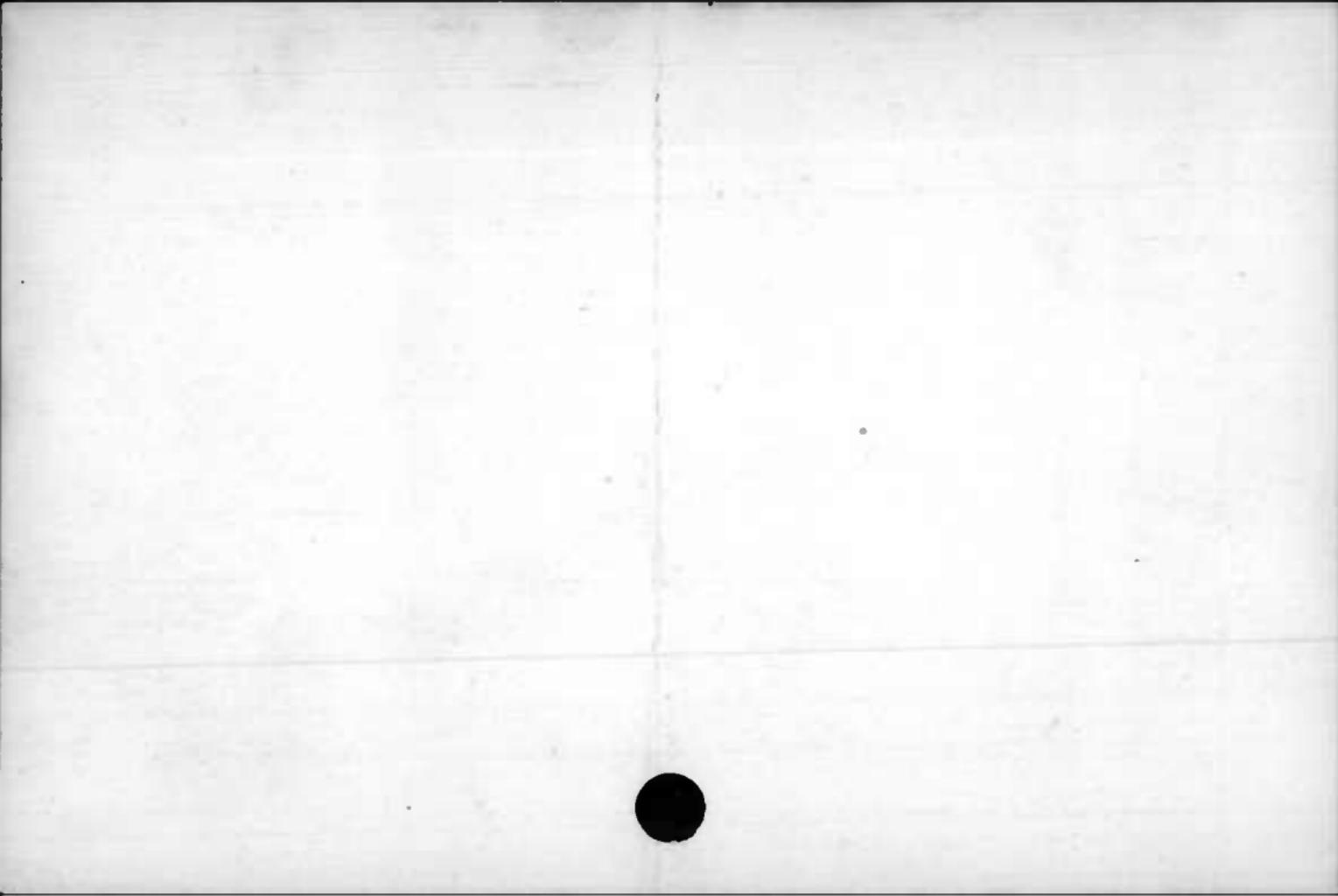
Address

J. F. L. Gorsuch

Fox

Ind-

Accident or Suicide?



Name  
in  
Full

Joshua W. Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Year	Months	Days
Sex	Male	Color or Race	Age	58	Birth- place	Jarrettsville
Married, Single or Widowed	Single	Occupation	Farmer			
Name of Wife or Husband	Luther M Garrett			Father's Name	Taylor	
Mother's Maiden Name	Julia A Garrett			Mother's Name	Taylor	
Name of person giving Information	M. L. Garrett			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Gastritis  2 years

Immediate

Nervous Prostration  3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

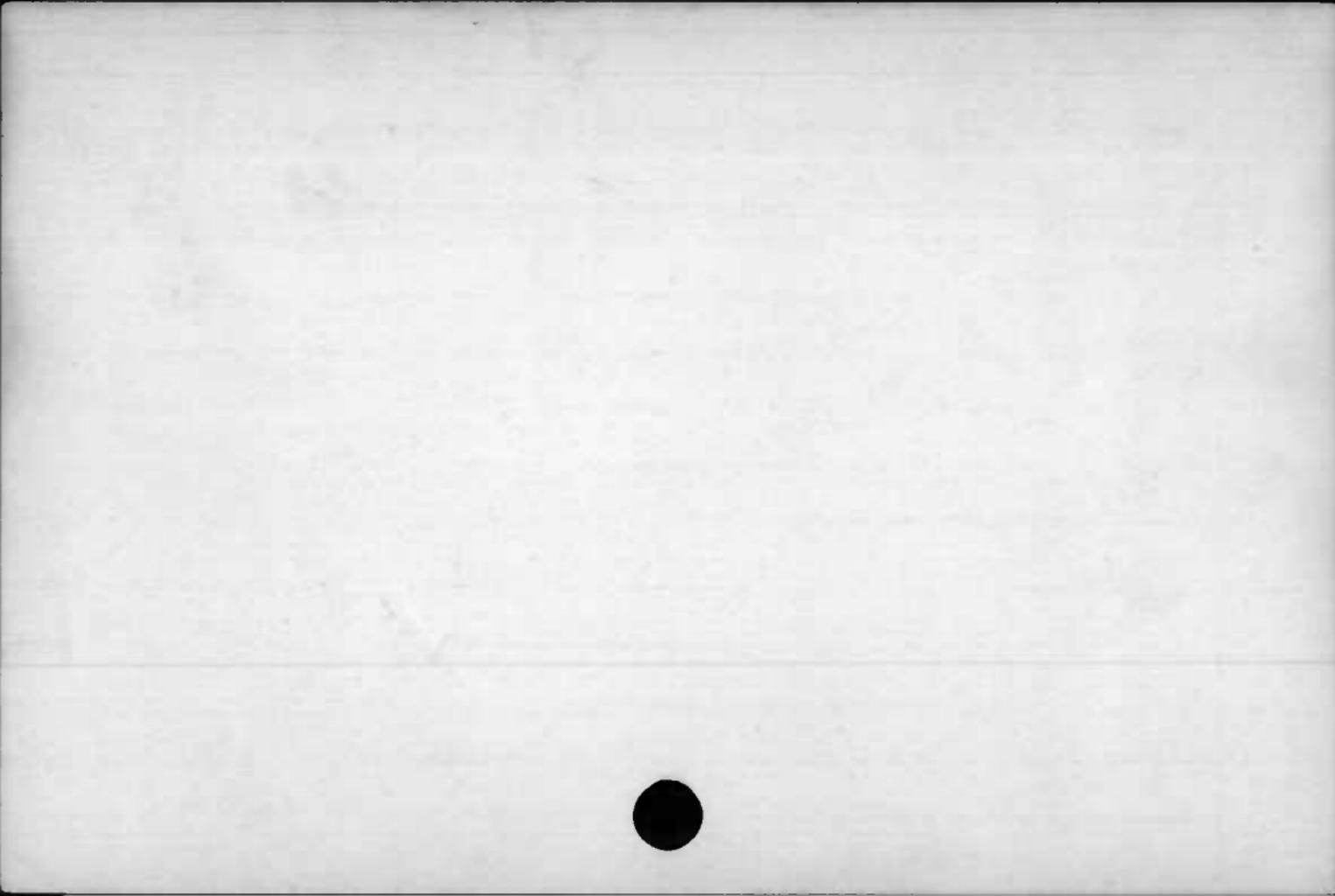
Address

Mathew Garrett

Jarrettsville

MD

Accident or Suicide?



Alice Virginia Jenkins

Town

The Rocks

County

Hagerstown

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

5

2

Age

54

Baltimore

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

J. Wm Jenkins

Wife

Mother's

Harriet Davis

Father's Name

John Davis

Maiden Name

Alice Virginia Davis

How long sick

Cause of

Primary

overcome prostration

2 years

Death

Immediate

exhaustion



Accident, Suicide, Homicide -

Reported by

Dr Thos. B. Hayward

Address

Ogleville

Hagerstown, Md

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.



Name  
in  
Full

Mrs. Annie R. Lanius

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days	
Female.		Color or Race	Age 64	Birth-place		Balto. Md.
Married, Single or Widowed		Occupation		House wife		
Name of Wife or Husband		Joseph F. Lanius		Father's Birthplace		Balto. Md.
Father's Name		John Stephen		Mother's Birthplace		Balt. Md.
Mother's Maiden Name		Elizabeth Stephens		How related to deceased		Husband.
Name of person giving information		Joseph F. Lanius				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

3 years.

immediate

Pneumonia

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

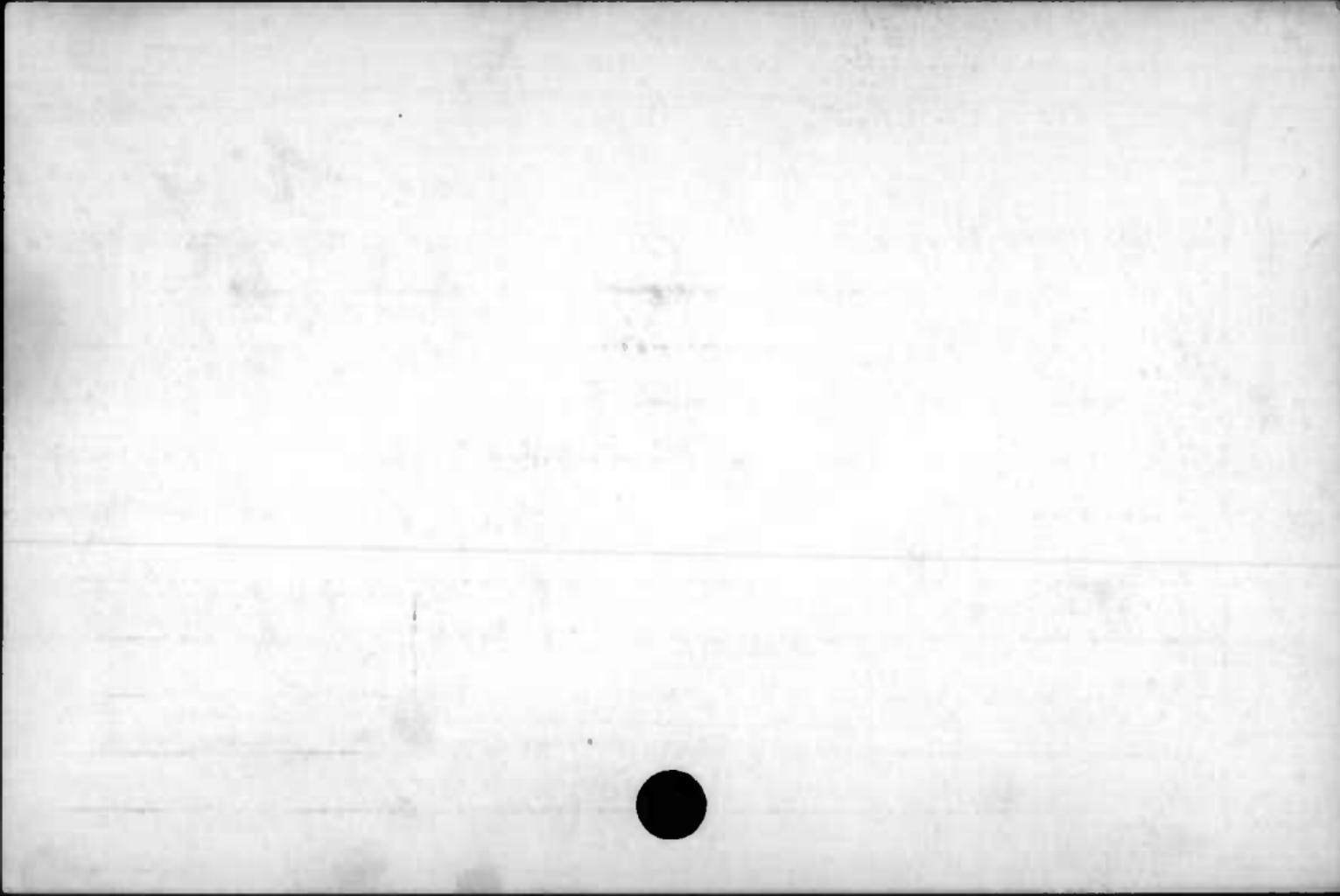
C. H. Lanius Jr.

Street

and.

Age:

Accident or Suicide?



Joseph Mulcahy  
Town: Hanover County: Harford MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

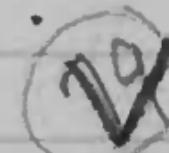
Heart disease

How long sick

1 year

Death

Immediate



Accident, Suicide, Homicide

Reported by

F. Y. Turner M.D.

Address

Black Horse, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Bennett van Sickle Nelson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

abereden

Horford

May 22 52

Male white

Farmer

Widow

Gussie Nelson

Bennett Nelson

Elizabeth Harris

Hunting Neck

abingdon

Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer Stomach  
Exhaustion

How long

8 months

Immediate

How long

✓

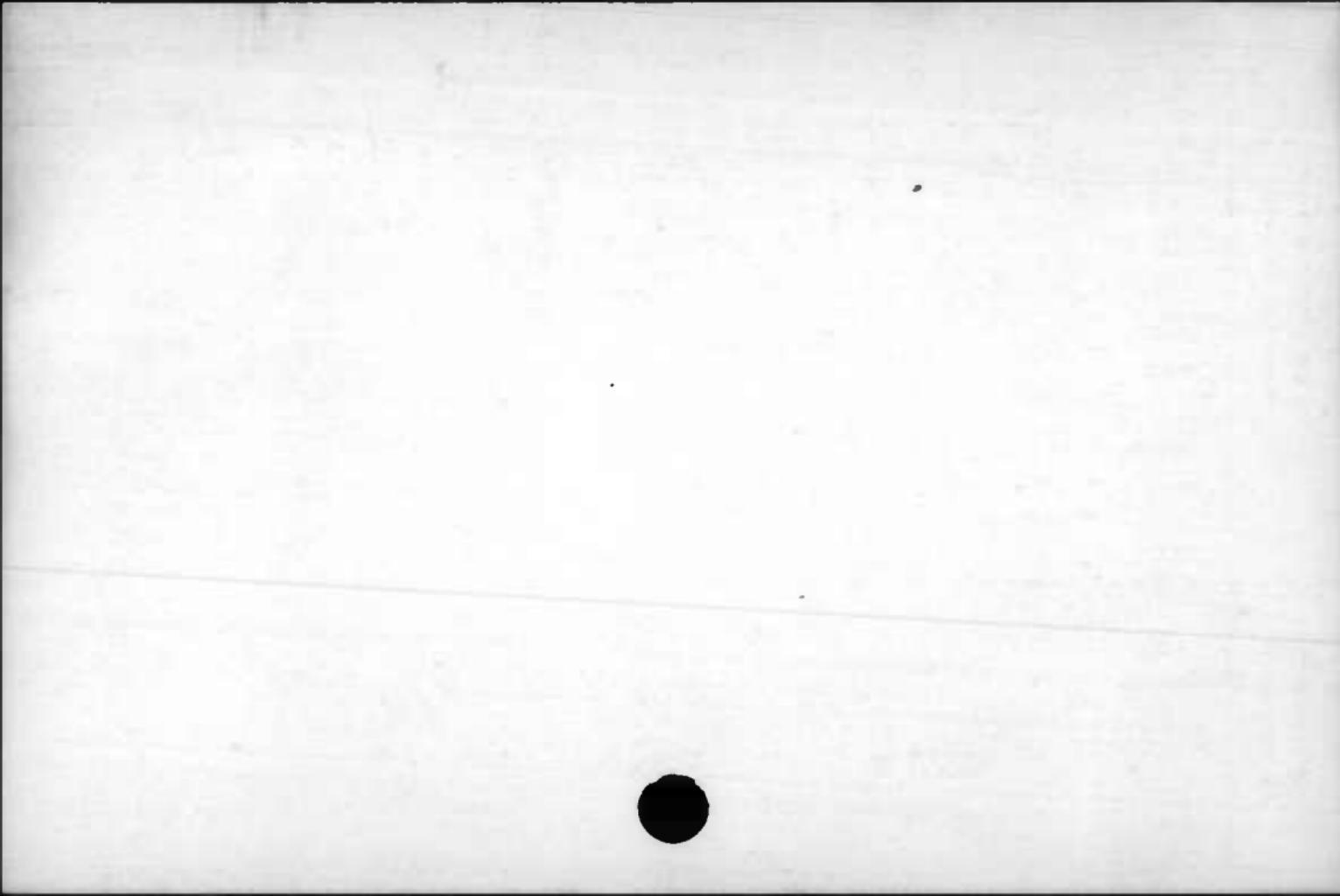
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Kennedy  
abereden Md

Accident or Suicide?



Name  
in  
Full

Wm. Parker

5/10/15

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month May	Day 10	Years 35
Sex Male	Color or Race Colored	Birth-place	Hanford Co.
Occupation Farm hand	Where Residing if not at place of death	—	
Married, Single or Widowed married	Name of Wife or Husband Alice Presbury	—	
Father's Name Wm Parker	Father's Birthplace Hanford Co	—	
Mother's Maiden Name —	Mother's Birthplace	—	
Name of person giving Information A. R. Fletcher	How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis

How long

about 4 yrs.

Immediate

27

How long

Are the name, age, sex, color, date and place correctly given above?

I think

Signature of Physician

Address

No physician in  
charge.

20-

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month May	Day 5	Age 19	Years	Months
Sex	Female	Color or Race	Where Residing if not at place of death		Days	-
Occupation	Singer		Balto		Birth-place	Maryland
Married, Single or Widowed	Singer		Name of Wife or Husband			
Father's Name	Samuel Petros		Father's Birthplace	Maryland		
Mother's Maiden Name			Mother's Birthplace	Maryland		
Name of person giving information	Samuel Petros		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phthisis Pulmonalis

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

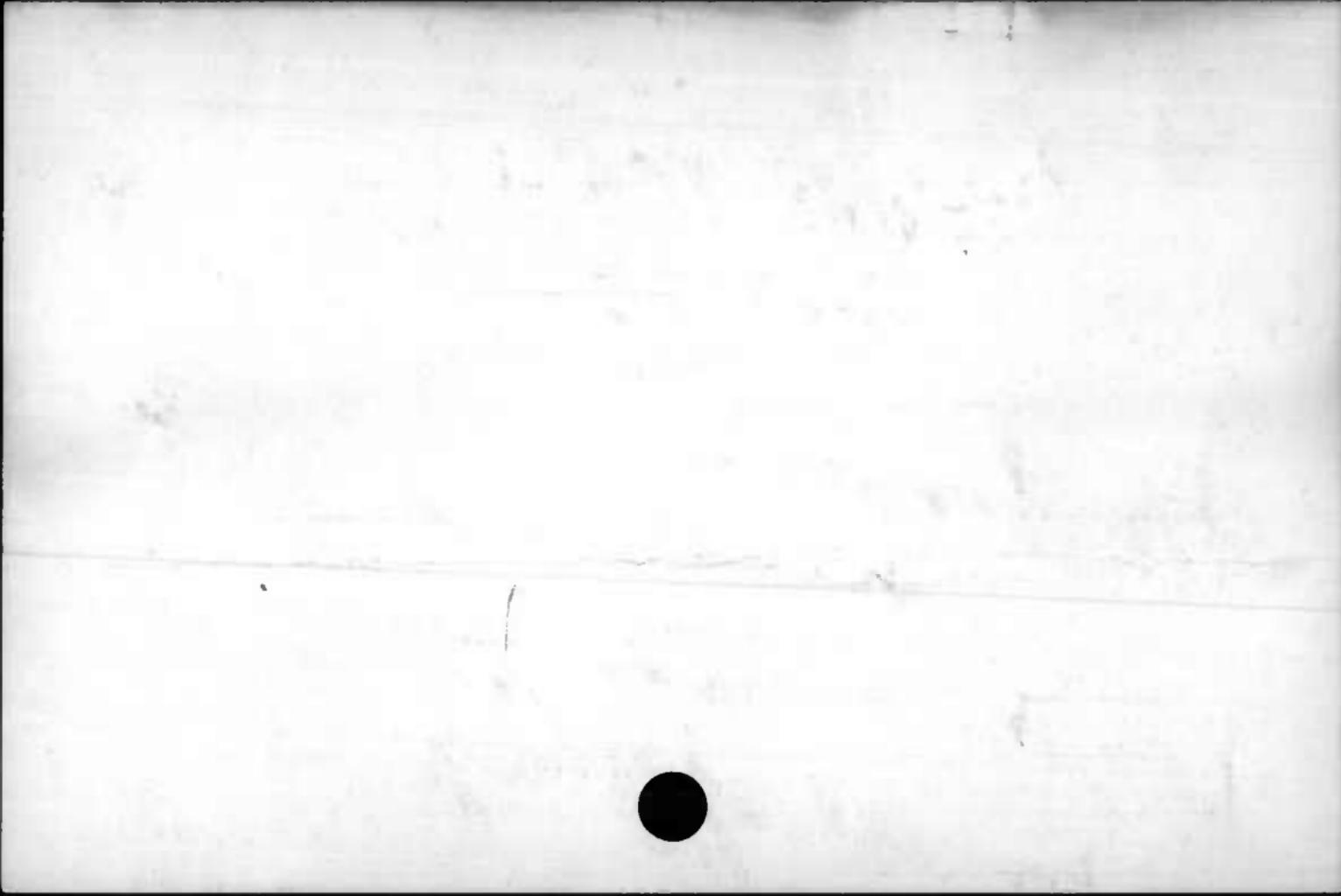
Signature of Physician

Address

Charles Roth

Edgewood

Accident or Suicide?



Name  
in  
Full

J A Weston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Magnolia</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>9</i>	Age <i>53</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth- place <i>Harford co</i>	
Occupation <i>Salvor</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <i>Benj Weston</i>	How related to deceased <i>Brother</i>				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

*Phthisis Pulmonalis*

How long

*2 weeks*

Immediate

*Meningitis*

How long

*1 day*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*Chas Weston*  
*Cedgewood Md*

Accident or Suicide?

Interment -

Abington  
Harford Co

Name  
in  
Full

Josie L Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Dybvilles	Harford	Months	Days
Date of death 1905	Month May	Day 6	Years 16	
Sex Female	Color or Race Colored.	Occupation none	Birth-place Dybvilles Md	
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name	George Rice			
Mother's Maiden Name	Annie Barton			
Name of person giving information	James Hall			

CAUSES OF DEATH

Primary

Tuber cculosis



How long

9 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C W Garrison

Street

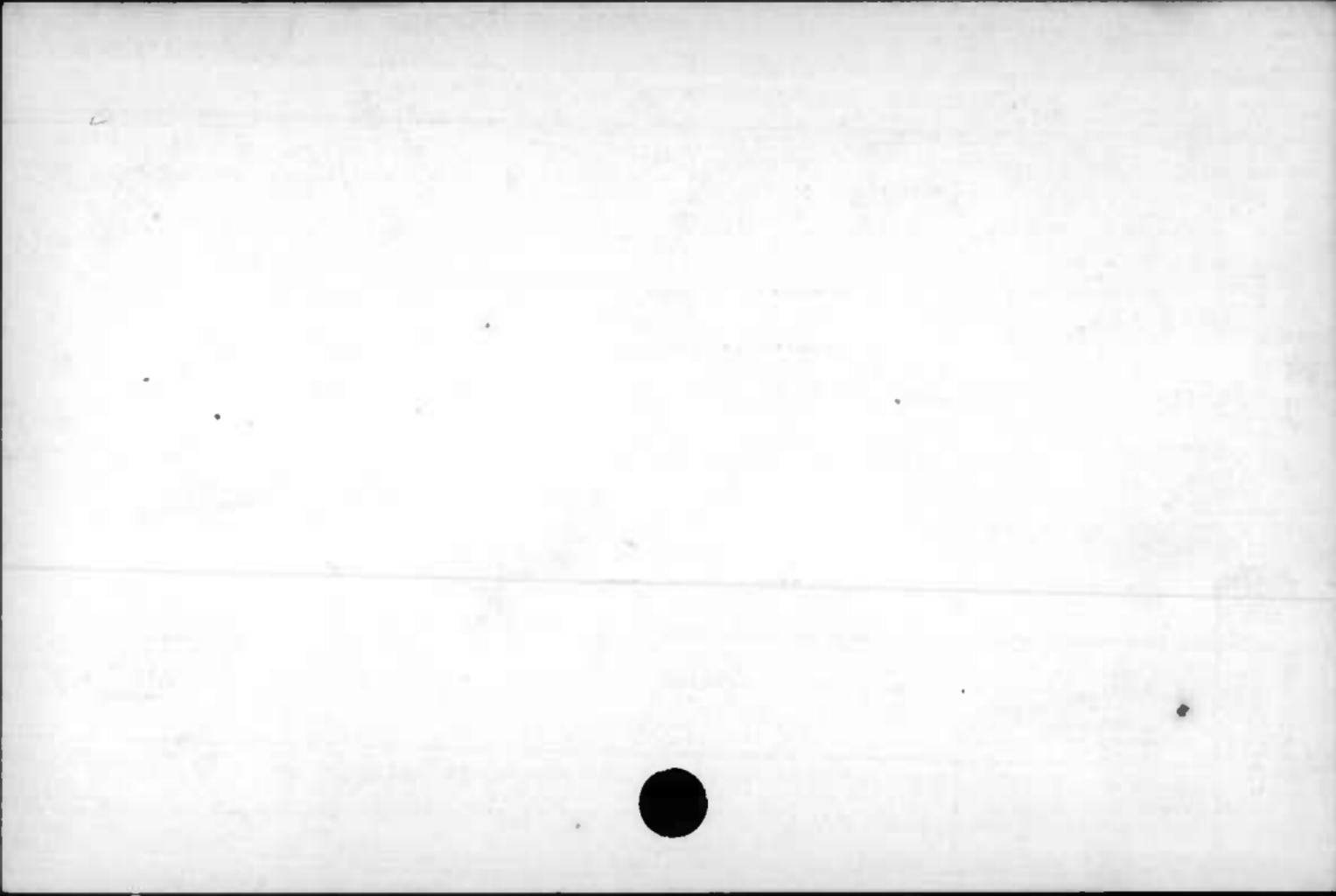
and.

PHYSICIAN  
OR CORONER



Accident or Suicide?

yes



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Bry. Slade

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 78			
Occupation	Farmer		Where Residing if not at place of death		Birthplace	
Married, Single or Widowed	Married		Name of Wife or Husband		Catharine Slade	
Father's Name						
Mother's Maiden Name	Catharine Lockhart					
Name of person giving information	Jno. Slade ✓					

CAUSES OF DEATH

Primary

old age

154

How long

10 days

Immediate

old age

Signature of Physician

F. Lee Stegner  
Gibson Ad

Are the name, age, sex, color, date and place correctly given above?

Address

Accident or Suicide?

Thomas Run

Name  
in  
Full

James Smittle

CERTIFICATE OF DEATH

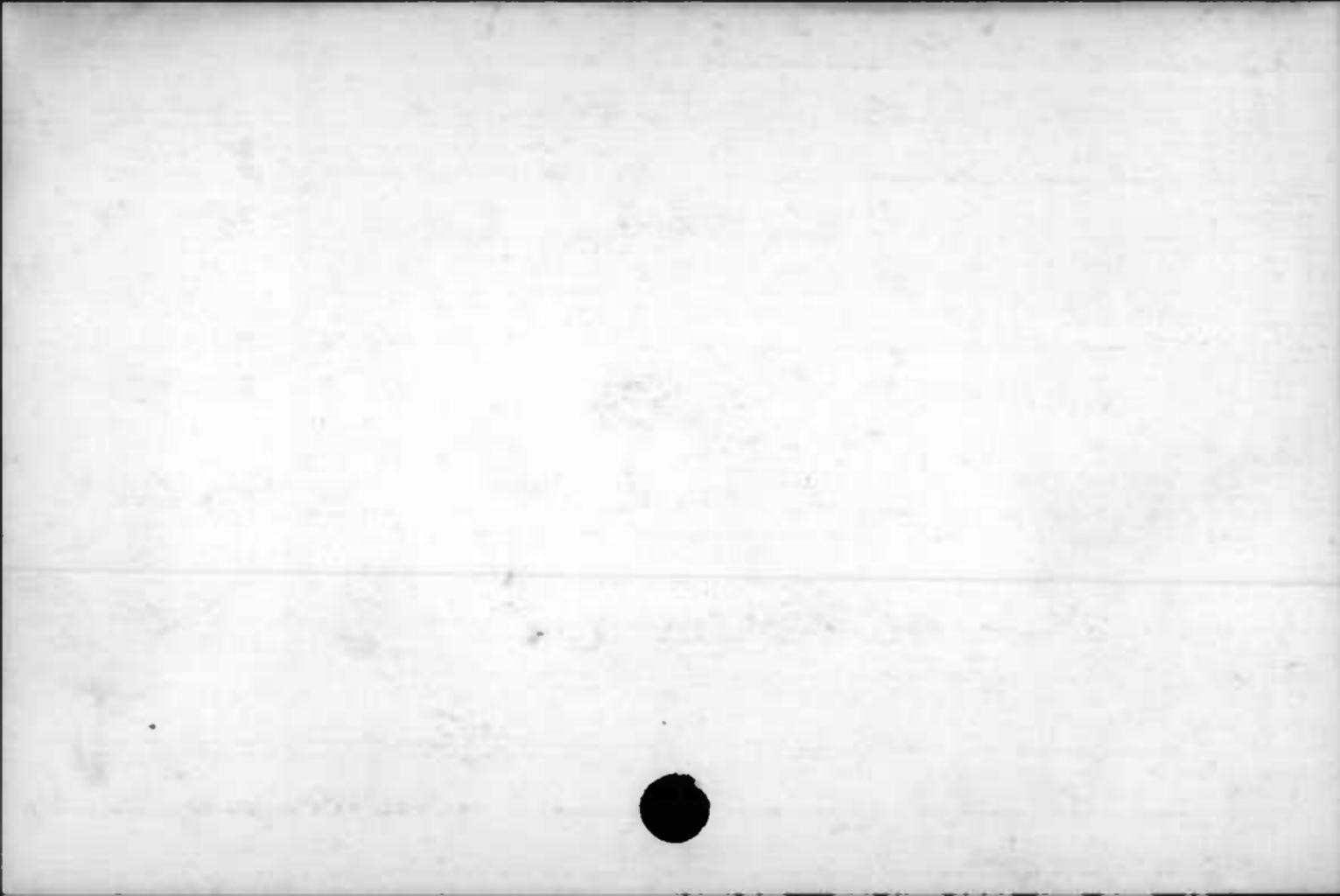
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	190	Month	May	Day	3	Years
Sex	male	Color or Race	white	Age	87	Months
Occupation	agriculture		Where Residing if not at place of death		Birth-place	
Married, Single or Widowed	married	Name of Wife or Husband	Harriett E. Smittle		Barford Co	
Father's Name	Jas. Smittle				Father's Birthplace	Massachusetts
Mother's Maiden Name	moffett				Mother's Birthplace	"
Name of person giving Information	W. A. Smith				How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age.	154	How long	3 months.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. S. H. Roberts	
		Address	Churchville Md	
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Stewart				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	May	15		66		1	
Sex	Color or Race	Birth-place					
Male	Colored	Harford Co					
Occupation	Where Residing if not at place of death						
Miner Single or Widowed	Ferryman						
Name or Wife or Husband							
Father's Name	Charles Stewart						
Mother's Maiden Name	Charlotte Jansel						
Name of person giving information	Ferryman Ballona						

CAUSES OF DEATH

Primary

Rheumatism

How long

work

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

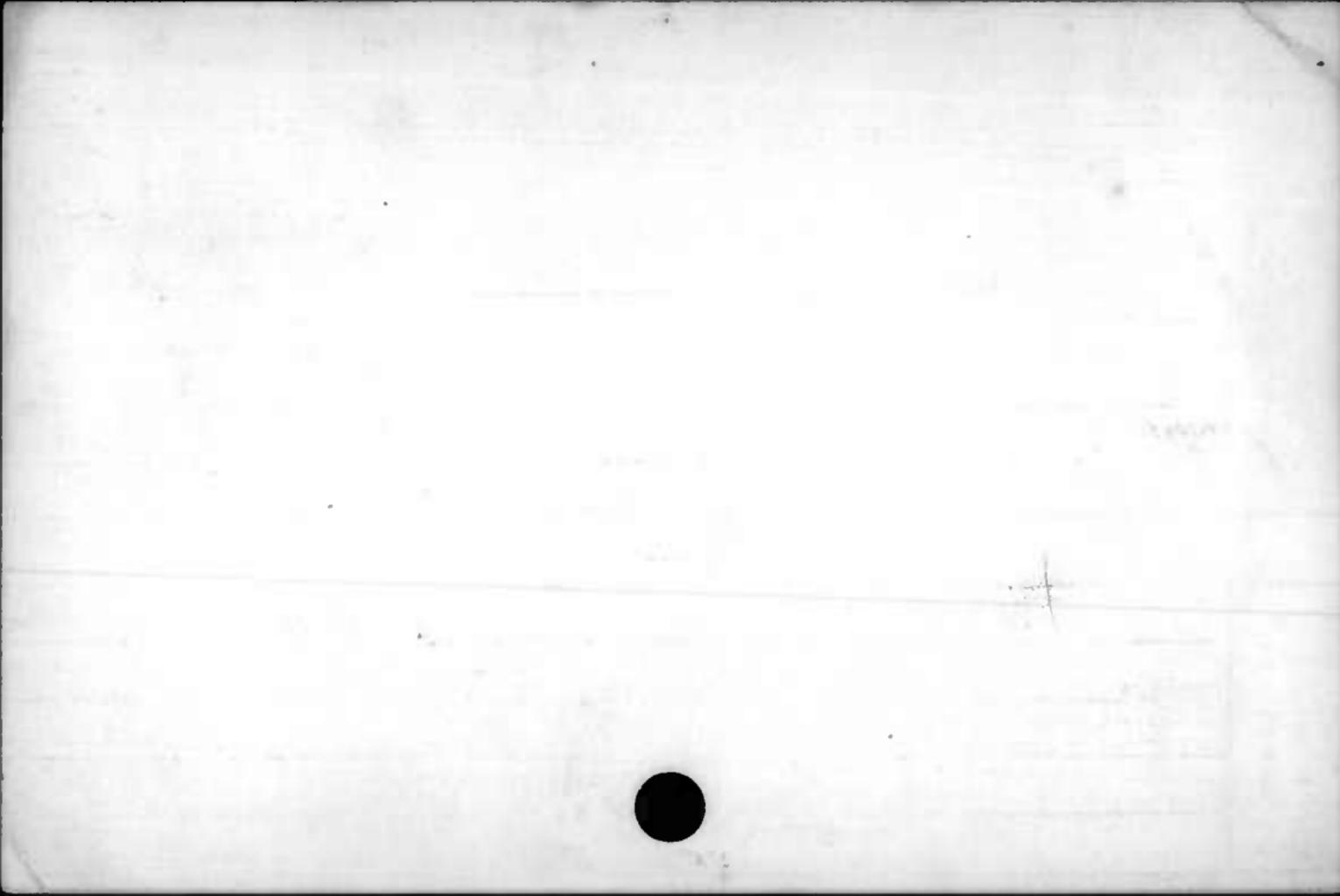
yes

Signature of Physician

Address

J H Stier  
Ferryman

Accident or Suicide?



Name  
in  
Full

Otho Samuel Williams Taylor

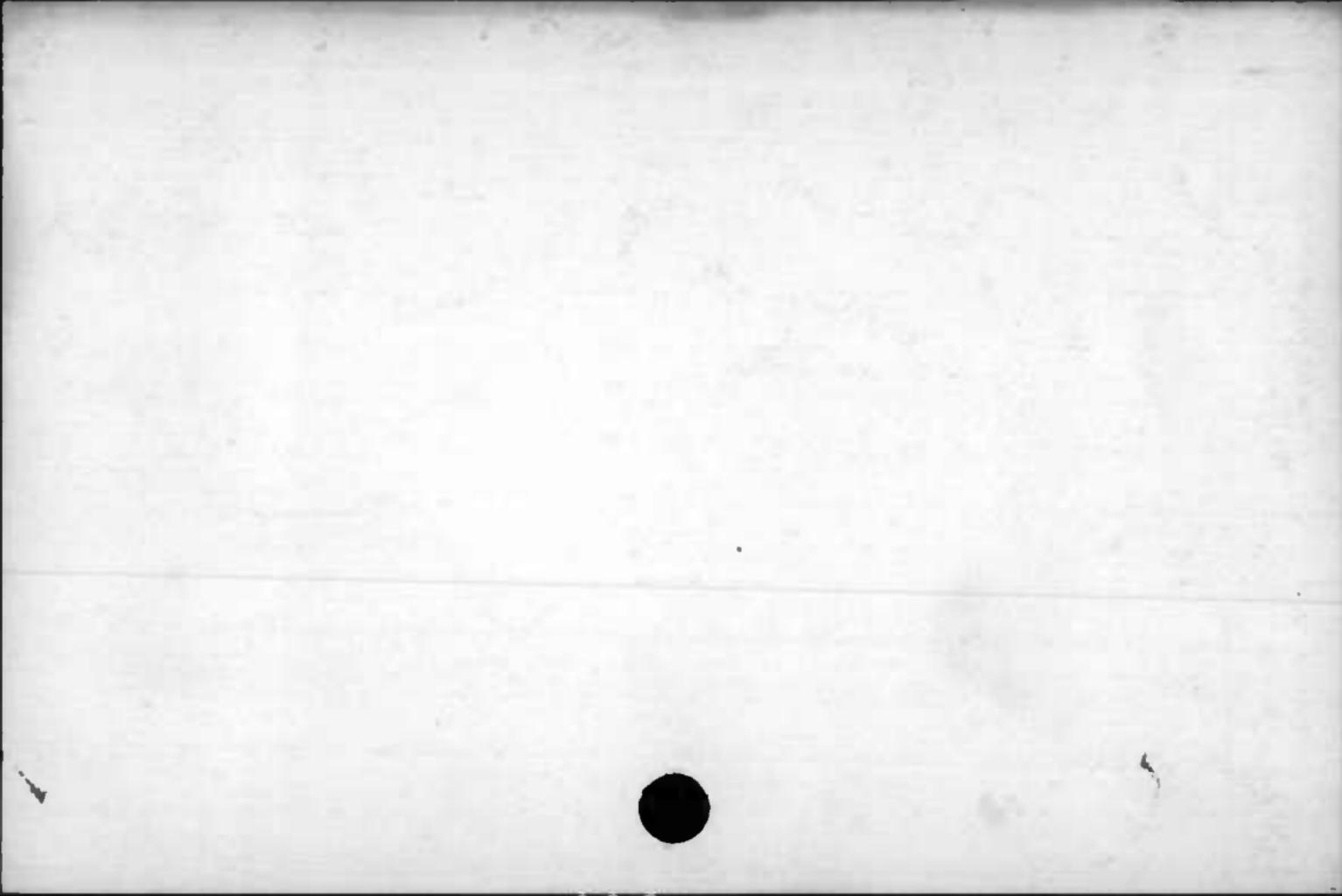
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Aberdeen</u>	Town	County	MARYLAND		
Date of death <u>1905</u>	Month <u>May</u>	Day <u>3</u>	Years <u>—</u>	Months <u>3</u>	Days <u>31</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Harford Co</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Otho Sam'l. Williams</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Rachell Taylor</u>	Mother's Birthplace <u>Harford Co</u>				
Name of person giving Information <u>Rachell Taylor</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary <u>Whooping Cough</u>	How long <u>2 weeks</u>
Immediate <u>8</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>—</u>
Address <u>—</u>	
Accident or Suicide? <u>—</u>	



Name  
in  
Full

alice Mahirnia Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County
1905	Month	Years
of death	May	28
Age	—	Months
Sex	Color or Race	Days
Female	white	4 32
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	albert Thomas	Father's Birthplace
Mother's Maiden Name	Blonna Byrd	Mother's Birthplace
Name of person giving Information	Blonna Byrd	How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congestion of Liver



How long

1 week

Immediate

Gastritis & Enteritis

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. H. Oles  
Bryman  
Md.

Accident or Suicide?



Name  
in  
Full

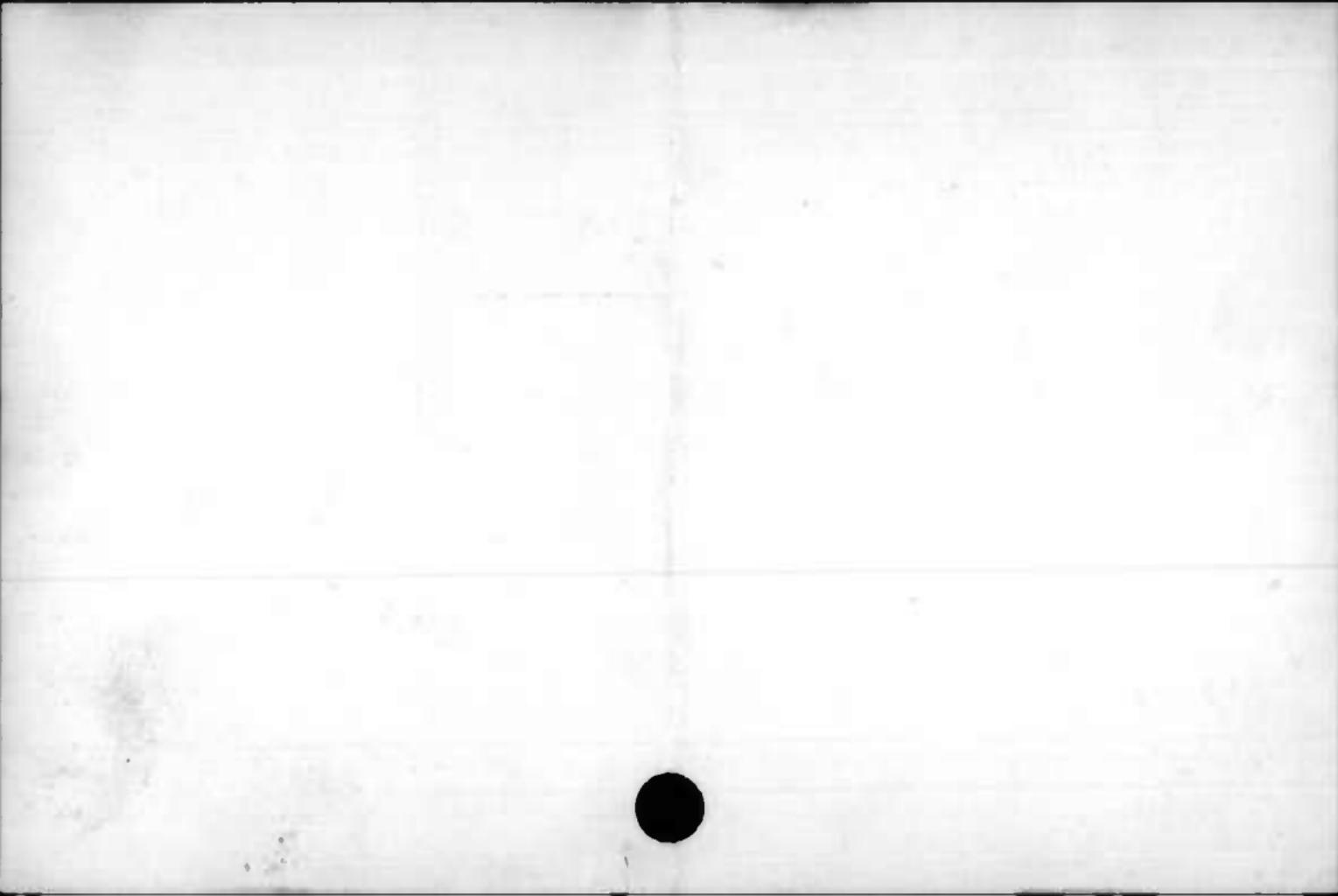
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Mary Elizabeth Tracey</i>					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1903	Month May	Day 27	Years 22	Months	Days
Sex	Female	Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	<i>James R Tracey</i>			
Father's Name	<i>Joseph D Pyle</i>				Father's Birthplace	
Mother's Maiden Name	<i>Julia A Pyle</i>				Mother's Birthplace	<i>Penn.</i>
Name of person giving information	<i>Samuel J Pyle</i>				How related to deceased	<i>Brother</i>

CAUSES OF DEATH

Primary	<i>Susceptibility</i>	<input checked="" type="checkbox"/>	How long
Immediate	<i>Tubercular Phthisis</i>	<input checked="" type="checkbox"/>	How long
Are the name, age, sex, color, date and place correctly given above?		<i>Oscar Wm Newell</i>	
<input checked="" type="checkbox"/>		Signature of Physician	<i>Jarrettsville</i>
		Address	<i>Ind.</i>
Accident or Suicide?			



Name  
in  
Full

Mary Turner

CERTIFICATE OF DEATH

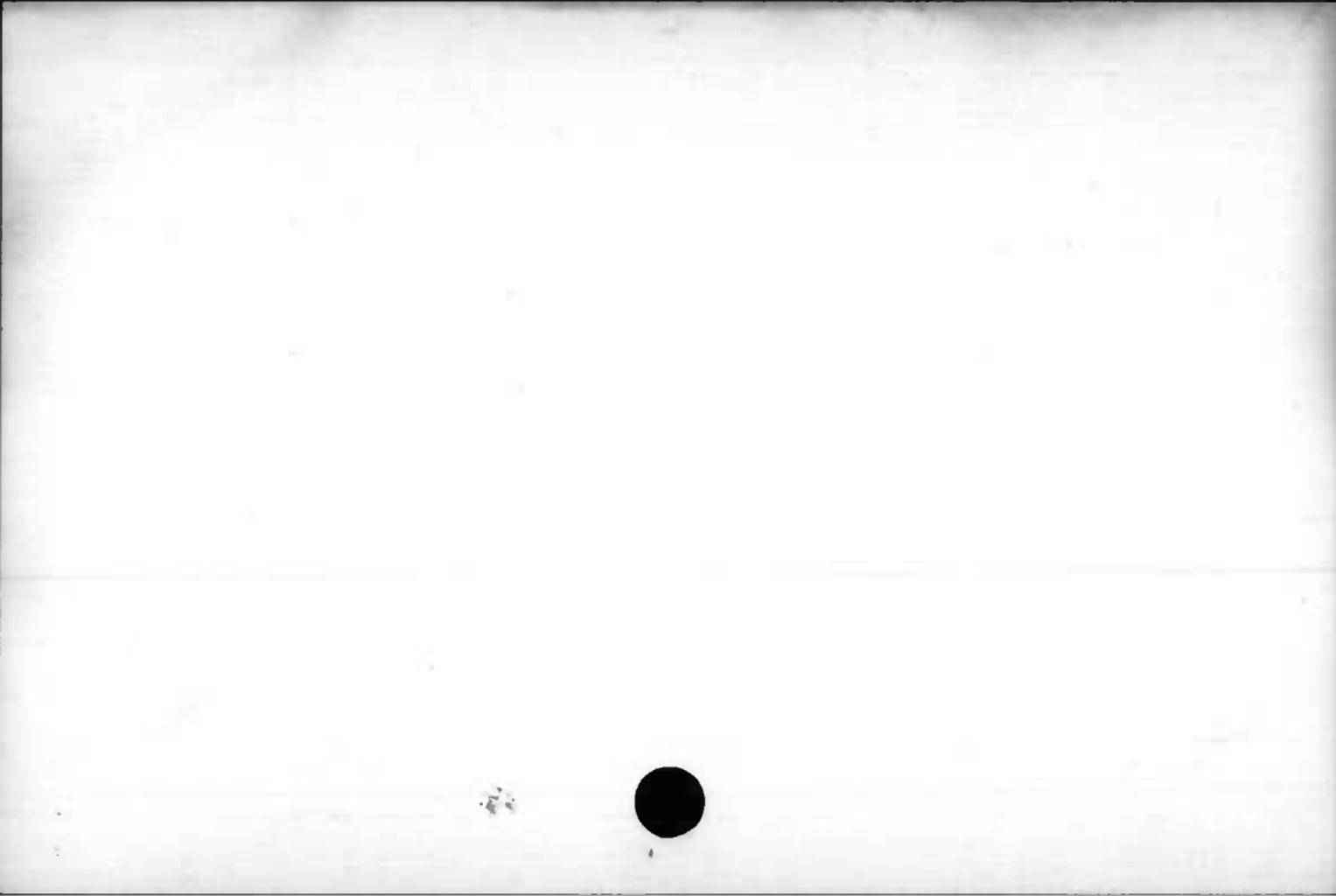
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sharon</u>		Town <u>Harford</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>5</u>	Day <u>27</u>	Years <u>12</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Harford Co</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>-</u>				
Name of Wife or Husband <u>-</u>					
Father's Name <u>George W. Turner</u>	Father's Birthplace <u>Harford Co</u>				
Mother's Maiden Name <u>Elizabeth - Green</u>	Mother's Birthplace <u>"</u>				<u>"</u>
Name of person giving information <u>George W. Turner</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis of Lung</u>	How long <u>One yr.</u>
Immediate <u>Thiamulin</u>	How long <u>Two yrs.</u>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <u>F. P. Smithson</u> Address <u>Forest Hill Md</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
In  
Full

Unknown White man

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

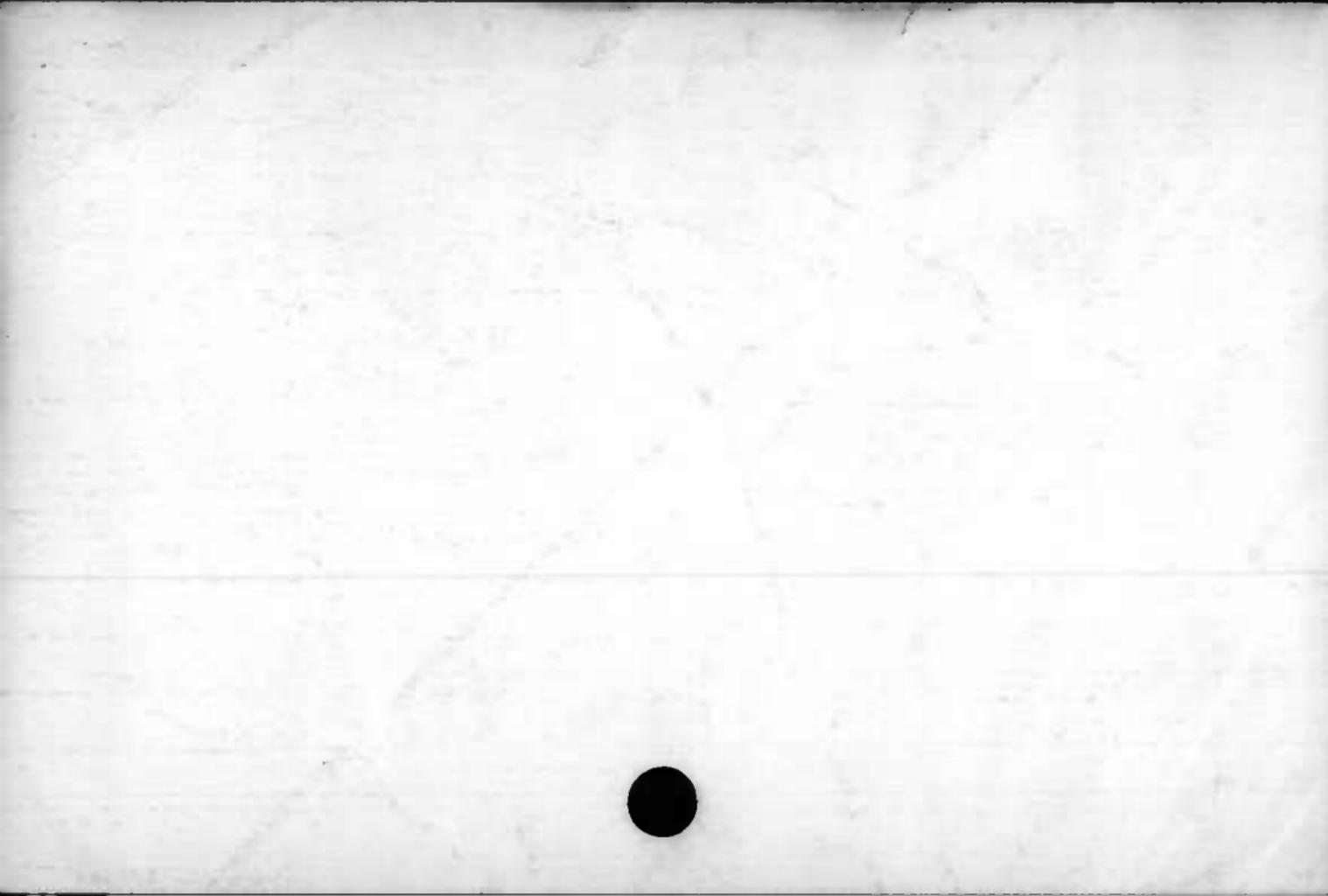
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

166

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Killed by Rail Road Train			How long	
Immediate	76	11	"	11	How long
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
				Address	
Accident or Suicide?				Michael Staln Harrde Grace, MD Maryland	



Name  
in  
Full

Mary Fultson Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	John S Young			Father's Birthplace	Horford Co
Mother's Maiden Name	James a Fultson			Mother's Birthplace	Horford Co
Name of person giving information	Bridget-Mcgonigal			How related to deceased	not at all
Castingworth					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Embolism or apoplexy

✓  
How long

2 days

Immediate

Stenosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Castingworth  
Bel air Md

Accident or Suicide?

No

